## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jul 16, 2008 8:00 am Secretary of State

DOCUMENT # 717766  1. Entity Name VENICE SANDS APARTMENTS CONDOMINIUM ASSOCIATION, INC.						4	07-16-20	90011	014 ****	61.25
Principal Place of Business 633 ALHAMBRA RD. VENICE, FL 34285  Mailing Address 633 ALHAMBRA RD. VENICE, FL 34285  VENICE, FL 34285							1 21 <b>0</b> 01 1000 1000 1000 1000 1000 1000 100	#111 <b>#1</b> 214 <b>8</b> 15(1 <b>8</b> 1	PH RIBU BIEM BIF	(OFB) #1 (#B)
Principal Place of Business - No P.O. Box #										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				07092008	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State				4. FEI Number 59-130	er .		Ар	plied For
Zip	Country	Zip Co		ountry			of Status Desired	ı 🗆	\$8.75 Add	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New	Registered		<del></del>
o. Name and Address of Contain Registered Agent				Name	7. Name and Address of New Registered Agent me					
ARGUS MANAGEMENT OF VENICE 181 CENTER RD VENICE, FL 34285			-	Street Address (P.O. Box Number is Not Acceptable)						
				City			<del>.</del>	FL	Zip Code	9
9 The chave	named entity submits this statement f	or the grange of changing its	rapietora	d office or r	ragiotara	d agant or bo	th in the State of		familiar with	and account
	ions of registered agent.	or the purpose of changing its	10 Glater o	o onice or a	registare	o agent, or bo	in, in the state of	rigilda. Falli	ianina wiin,	and accept
SIGNATURE .			_							
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	E: Registered	d Agent signature	te required t	when reinstating)		DATE		
	Signsture, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 12, 2008	9. Election Can Trust Fund C	npaign Fi	inancing		\$5.00 May E Added to Fees		Make chec	k payable to	
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I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

7-14-08